

**Course title:** \_\_\_\_\_ **(In-house training)**  
**Computer Based Training (CBT)**  
**Form MMS-4420E-2**

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*We want to improve our training. Please provide your comments below.*

**Please rate the following:**

(1 = strongly disagree <--> 5 = strongly agree)

	1	2	3	4	5
<b>The Computer Based Training Course:</b>					
• Was a worthwhile way to spend my time.					
• Met the stated objective.					
• Was an effective training tool.					
• Kept my interest.					
• Length was appropriate.					
• Pace was appropriate.					
• Was well organized.					
• The training was timely.					
• I can apply what I learned directly to my job.					

**Please rate the following:**

(1 = poor <--> 5 = excellent)

	1	2	3	4	5
Rank the overall quality of the course					

If you answered any questions with either a 1 or a 2, how can we improve those specific areas? \_\_\_\_\_

\_\_\_\_\_

What suggestions do you have to improve the course?

\_\_\_\_\_

\_\_\_\_\_

Was the course material appropriate for CBT?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, tell us why: \_\_\_\_\_

\_\_\_\_\_

I feel CBT is a **more**\_\_\_\_ **less**\_\_\_\_ effective method of training? Why?

---

---

---

Which concept and/or tool will be most useful to you?

---

---

---

What suggestions do you have for making future courses more helpful to you?

---

---

---

Check any of the following for whom you would recommend this course:

Supervisors \_\_\_\_\_ Non-supervisors \_\_\_\_\_ Other \_\_\_\_\_

What topics would you recommend for future CBT courses?

---

---

---

Government grade: GM/GS \_\_\_\_\_ N/A \_\_\_\_\_

Are you currently a supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Name (optional)\_\_\_\_\_ Phone (optional) \_\_\_\_\_

**PLEASE RETURN FORM TO:** \_\_\_\_\_

**Paperwork Reduction Act of 1995 (PRA) Statement:** The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that we collect this information to improve our customer service. The MMS uses the information to identify areas where improvements can be made. Responses are voluntary. Proprietary information is protected in accordance with standards established by the Federal Oil and Gas Royalty Management Act of 1982 (30 U.S.C. 1733), the Freedom of Information Act (5 U.S.C. 552(b)(4)), and Department regulations (43 CFR 2). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 6 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Minerals Management Service, Mail Stop 4230, 1849 C Street, NW., Washington, DC 20240.